

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	I					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	I					
37		I				
38		I				
39		I				
40		I				
41		I				
42		I				
43		I				
44		I				
45		I				
46		I				
47		I				
48		I				
49	I					
50	I					
Total Indep						
Total Depend.						
Total Claims						

*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
51		I						
52		I						
53		I						
54		I						
55		I						
56		I						
57		I						
58		I						
59		I						
60		I						
61		I						
62	I							
63	I							
64	I							
65	I							
66	I							
67	I							
68		I						
69		I						
70		I						
71		I						
72		I						
73		I						
74	I							
75	I							
76	I							
77	I							
78	I							
79	I							
80	I							
81	I							
82	I							
83	I							
84	I							
85	I							
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
Total Indep			7					
Total Depend.			43					
Total Claims			50					